Major Donor and Independent Expenditure Committee	<b>90</b> Type	or print in ink.	Date Stamp		STATEMENT
Campaign Statement (Government Code Sections 84200-84216.5)			CALIFORNIA FORM	461	
	Statement covers period	Date of election if applicable:	1	1/5	
Amendment	from01/01/2009	(Month, Day,Year)		For Official U	se Only
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2009</u>	_			
1. Name and Address Of Filer		3. Summary		•	
NAME OF FILER (Include name(s) of all affiliated entities whose contribution Baxter Healthcare Corporation	s are included in this statement.)	(Amounts may be rounded to what it is a contact of the contact of	ributions 00 or more		0.4000.04
MAILING ADDRESS (N	IO. AND STREET)	made this period. (Par	t 5.)	\$ —	21000.00
	TATE ZIP CODE	2. Unitemized expenditur contributions (including \$100 made this period	g loans) under	\$ —	0.00
Sacramento RESPONSIBLE OFFICER (If filer is other than an individual)	A 95814 REA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$ —	21000.00
j. Richard Eichman		4. Total expenditures and			
2. Nature and Interests of Filer (Complete	each applicable section.)	made from prior staten amount from Line 5 of	,		
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, A OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADD	DDRESS, AND BUSINESS INTERESTS RESS, AND NATURE OF THE BUSINESS	filed. If this is the first			0.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$ —	0.00
		5. Total expenditures and (including loans) made			
ADDRESS OF EMPLOYER/BUSINESS		January 1 of the currer (Add Lines 3 + 4.)	nt calendar year.	TOTAL \$	21000.00
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE TI	HE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification			
Healthcare  A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPE	CIFIC DESCRIPTION OF ITS INTERESTS	I have used all reasonable reviewed the statement are contained herein is true at the laws of the State of Ca	nd to the best of my kind complete. I certify	nowledge the inform under penalty of penalty	nation erjury under
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, COMMON ECONOMIC INTEREST OF THE GROUP OR ENT		Executed onDATE	SI	Eichman IGNATURE OF INDIVIDUAL DO IBLE OFFICER IF OTHER THAI	

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN	I
MAJOR DONOR COMMITTEE STATEMEN	lΤ

Statement covers period		CALIFORNIA	161
from	01/01/2009	FORM	401
through	12/31/2009	2/5	
unougn		1	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baxter Healthcare Corporation

#### 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2009	Blakeslee for Senate 2010  Sacramento CA 95814 ID: 1313588 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Sam Blakeslee State Senator Senate District  NO: 15  Support Oppose	2000.00	Calendar Year  \$  Calendar Year  \$  Other
12/22/2009	Friends of Ellen Corbett 2010  Sacramento CA 95814 ID: 1294417 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Ellen Corbett State Senator Senate District  NO: 10  Support Oppose	1000.00	\$ 1000.00 Other
12/22/2009	Fletcher for Assembly 2010  San Diego CA 92122 ID: 1314487 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Nathan Fletcher State Assembly Person Assembly District  NO: 75   ☐ Support ☐ Oppose	2000.00	\$Calendar Year  \$Calendar Year  \$Calendar Year
12/22/2009	Mary Hayashi Democrat for Assembly  Sacramento CA 95814 ID: 1313555 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Mary Hayashi State Assembly Person Assembly District  NO: 18  X Support   Oppose	1000.00	\$ Calendar Year  \$ 1000.00  Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

161
461

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baxter Healthcare Corporation

### 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2009	Hollingsworth for Assembly 2012  Sacramento CA 95814 ID: 1295870 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Dennis Hollingsworth State Assembly Person Assembly District  NO: 66   ☐ Support ☐ Oppose	2000.00	\$Other
12/29/2009	Carol Liu for Senate  Sacramento CA 95814 ID: 1313880 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Carol Liu State Senator Senate District  NO: 21  Support Oppose	2000.00	\$Other
12/22/2009	Gloria Negrete McLeod Senate  Sacramento CA 95814 ID: 1293125 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Gloria Negrete McLeod State Senator Senate District  NO: 32  Support Oppose	1000.00	\$ 1000.00 Other
12/22/2009	Ira Ruskin for Senate 2012  San Francisco CA 94133 ID: 1314308 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Ira Ruskin State Senator Senate District  NO: 11   X Support ☐ Oppose	1000.00	\$ Calendar Year  \$ 1000.00  Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN
MAJOR DONOR COMMITTEE STATEMEN

Statem	ent covers period	CALIFORNIA	161
from	01/01/2009	FORM	401
	12/31/2009	4/5	
through	12/31/2003	4/5	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baxter Healthcare Corporation

### 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2009	Darrell Steinberg for Senate 2010  Sacramento CA 95814 ID: 1292824 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Darrell Steinberg State Senator Senate District  NO: 06   ☐ Support ☐ Oppose	3000.00	\$ Calendar Year  \$ 3000.00  Other
12/22/2009	Audra Strickland for Secretary of State  Santa Ana CA 92705  ID: 1314560 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Audra Strickland Secretary of State Statewide  NO:  Support Oppose	2000.00	\$ Calendar Year  \$ 2000.00  Other
12/22/2009	Re-Elect Tony Strickland Senate 2012  Santa Ana CA 92705 ID: 1314562 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Tony Strickland State Senator Senate District  NO: 19   ☐ Support ☐ Oppose	2000.00	\$ 2000.00 Other
10/15/2009	Meg Whitman for Governor 2010 Exploratory Ct  Alexandria VA 22314  ID: 1315455 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Meg Whitman Governor Statewide  NO:  □ Support □ Oppose	1000.00	\$ Calendar Year  \$ 1000.00  Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	nent covers period	CALIFORNIA	161
from	01/01/2009	FORM	461
through	12/31/2009	5/5	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Baxter Healthcare Corporation

5.	Contributions	(Including L	oans, Fo	orgiveness o	of Loans,	and Loan	<b>Guarantees</b> )	and Ex	penditures	Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/22/2009	Rod Wright 2012  Sacramento CA 95814 ID: 1313749 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Rod Wright State Senator Senate District  NO: 25  X Support  Oppose	1000.00	\$ Calendar Year  \$ 1000.00  Other

SUBTOTAL \$

21000.00